

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90221 031 ***50.00

DOCUMENT # L02000009285



1. Entity Name

SOUTHWEST FLOOR CARE, L.L.C.

Principal Place of Business

**21626 HELMSDALE RUN
ESTERO FL 33928**

Mailing Address

**21626 HELMSDALE RUN
ESTERO FL 33928**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

32-0023276

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BYRNE, ROSEMARY
13661 PARKCREST BLVD #413
FORT MYERS FL 33912**

*21626 Helmsdale Run
Estero, FL 33928*

Name

Street Address (P.O. Box Number is Not Acceptable)

21626 Helmsdale Run

Estero

City

FL

33928

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rosemary Byrne

(NOTE: Registered Agent signature required when re-stating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM

BYRNE, CLANCY

**13661 PARKCREST BLVD. #413
FORT MYERS FL 33912**

☐ Delete

21626 Helmsdale Run

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

*21626 Helmsdale Run
Estero, FL 33928*

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Clancy Byrne

Feb 1, 07 239-949-455-9

Date

Daytime Phone #